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<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10G Group Health - Dental/H10G.000 Health Dental		
<b>Product Name:</b>	DIC, O15HCR Grp PPO DC, Rates		
<b>Project Name/Number:</b>	DIC, O15HCR Grp PPO DC, Rates/DIC, O15HCR Grp PPO DC, Rates		

## Filing at a Glance

Company:	Dentegra Insurance Company
Product Name:	DIC, O15HCR Grp PPO DC, Rates
State:	District of Columbia
TOI:	H10G Group Health - Dental
Sub-TOI:	H10G.000 Health Dental
Filing Type:	Rate
Date Submitted:	06/05/2014
SERFF Tr Num:	DDPA-129574186
SERFF Status:	Assigned
State Tr Num:	
State Status:	
Co Tr Num:	DIC, O15HCR GRP PPO DC, RATES
Implementation	01/01/2015
Date Requested:	
Author(s):	Connie Roth, Noel Brennan, Alisa Koelling, Brandy Christian
Reviewer(s):	Darniece Shirley (primary), Alula Selassie, John Morgan, Beichen Li
Disposition Date:	
Disposition Status:	
Implementation Date:	
State Filing Description:	

**State:** District of Columbia **Filing Company:** Dentegra Insurance Company  
**TOI/Sub-TOI:** H10G Group Health - Dental/H10G.000 Health Dental  
**Product Name:** DIC, O15HCR Grp PPO DC, Rates  
**Project Name/Number:** DIC, O15HCR Grp PPO DC, Rates/DIC, O15HCR Grp PPO DC, Rates

## General Information

Project Name: DIC, O15HCR Grp PPO DC, Rates  
 Project Number: DIC, O15HCR Grp PPO DC, Rates  
 Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed  
 Date Approved in Domicile:  
 Domicile Status Comments: These rates will not be used in in our domiciliary state of Delaware; therefore, they have not been submitted to the Delaware Department of Insurance.  
 Market Type: Group  
 Group Market Size: Small  
 Overall Rate Impact:  
 Deemer Date:  
 Submitted By: Alisa Koelling

Explanation for Combination/Other:  
 Submission Type: New Submission  
 Group Market Type: Employer  
 Filing Status Changed: 06/09/2014  
 State Status Changed:  
 Created By: Alisa Koelling  
 Corresponding Filing Tracking Number: DDPA-129574187

### Filing Description:

Enclosed for your review and approval is a new Dentegra Insurance Company (NAIC Company Code 73474) group rate filing under SERFF #DDPA-129574186.

This is an initial rate filing. These rates will be used when our Dentegra PPO product is sold direct or by a partnership relationship to small employer groups outside the District of Columbia Health Benefit Exchange. We have filed forms for use outside the exchange under SERFF #DDPA-129574187. These products will use the Dentegra PPO network and will be marketed by licensed agents, brokers, third party administrators, mass marketed via various publications or online.

These rates pertain to the pediatric (EHB) plans Small Group/SHOP Pediatric Basic/Low Plan that will provide the required coverage for the pediatric oral services required by the essential health benefits provisions of the Affordable Care Act (ACA).

Our effective date for use of these rates will be January 1, 2015, provided the filing has been approved by or deemed approved by your Department.

Thank you for your attention to this filing. If you should need any additional information or have any questions, please do not hesitate to contact me at (916) 861-1974 or akoelling@dentegra.com.

Sincerely,  
 Alisa Koelling  
 Regulatory Analyst  
 Dentegra Insurance Company

## Company and Contact

### Filing Contact Information

Alisa Koelling (Dentegra), Regulatory Analyst  
 100 First Street  
 San Francisco, CA 94105  
 akoelling@dentegra.com  
 916-861-1974 [Phone]

SERFF Tracking #: DDPA-129574186

State Tracking #:

Company Tracking #: DIC, O15HCR GRP PPO DC,  
RATES

State: District of Columbia

Filing Company: Dentegra Insurance Company

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health Dental

Product Name: DIC, O15HCR Grp PPO DC, Rates

Project Name/Number: DIC, O15HCR Grp PPO DC, Rates/DIC, O15HCR Grp PPO DC, Rates

### Filing Company Information

Dentegra Insurance Company

100 First Street

San Francisco, CA 94105

(866) 714-7730 ext. [Phone]

CoCode: 73474

Group Code: 2479

Group Name: Dentegra Group,  
Inc.

FEIN Number: 75-1233841

State of Domicile: Delaware

Company Type: LAH

State ID Number:

### Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State:	District of Columbia	Filing Company:	Dentegra Insurance Company
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health Dental		
Product Name:	DIC, 015HCR Grp PPO DC, Rates		
Project Name/Number:	DIC, 015HCR Grp PPO DC, Rates/DIC, 015HCR Grp PPO DC, Rates		

## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Actuarial Memorandum (Pediatric)	OGC-DC-DIC-15, OPGE-DC-DIC-15	New		Actuarial Memorandum Dentegra DC Out Pediatric PPO Small Group 2014 05 30.pdf,



ACTUARIAL MEMORANDUM  
Dentegra Insurance Company  
State of District of Columbia  
May 30, 2014

Form Number OGC-DC-DIC-15 and OPGE-DC-DIC-15

**1. Scope and Purpose of Filing**

This filing is for the above Dentegra Insurance Company (DIC) forms.

**2. Description of Benefits**

The pediatric dental EHB are defined in Attachment A and cover essential health benefit services as defined by the state. These comply with the actuarial value requirements for the preferred and basic EHB plans.

**3. Renewability**

All small group dental programs are optionally renewable. Premiums are guaranteed for each 12-month contract term.

**4. Applicability**

DIC anticipates both new issues and renewals under these forms.

**5. Morbidity**

The proposed rates were developed using the Delta Dental Insurance Company (DDIC), NAIC #81396, rating manual, which is currently in use in numerous states. Adjustments have been made to reflect the fee schedules and area definitions associated with this filing.

**6. Mortality**

Not applicable.

**7. Persistency**

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

**8. Expenses**

Expenses are shown in Attachment B. Co-marketing in conjunction with a medical plan, may require a change in administrative assumptions due to division of labor between medical and dental, cost sharing, etc.

**9. Marketing Method**

This will be sold to small groups through the District of Columbia health exchange or through agents and brokers inside or outside the exchange.

**10. Underwriting**

The plans are manually rated.

**11. Premium Classes**

Gross premiums vary by plan designs illustrated in Attachment A.

**12. Issue Age Range**

Not applicable.

**13. Area Factors**

Manual rates are adjusted by region.

**14. Premium Modalization Rules**

Not applicable.

**15. Claim Liability and Reserves**

This reserve is projected from historical claims runoff, using a common reserving methodology.

**16. Active Life Reserves**

Not applicable since this is a dental program.

**17. Trend Assumptions**

The annual cost trend rate is 3%.

**18. Anticipated Loss Ratio**

The anticipated loss ratio is shown in Attachment B.

**19. Distribution of Business**

Not applicable since this is a new plan as of 1/1/2015.

**20. Contingency and Risk Margins**

Risk margin is shown in Attachment B.

**21. Experience**

Please see Attachment C for DDIC small group experience.

**22. Lifetime Loss Ratio**

The lifetime loss ratio is equal to the anticipated loss ratio.

**23. Number of Policyholders**

Not applicable since this is a new plan as of 1/1/2015.

**24. Proposed Effective Date**

01/01/2015.

**25. Actuarial Certification**

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of District of Columbia and complies with Actuarial Standard of Practice No. 8. The rates shown are

- Based on actuarially sound principles
- Are not inadequate, excessive or unfairly discriminatory, and
- Are reasonable in relation to the benefits provided.

A handwritten signature in dark ink, appearing to read "Thomas J. Leibowitz", with a stylized flourish at the end.

Thomas J. Leibowitz, FSA, MAAA  
Vice President and Chief Actuary  
Dentegra Insurance Company  
100 First Street  
San Francisco, CA 94105  
(415) 972-8443

**Attachment A**  
**District of Columbia Small Group Pediatric Dental Benefits**

<b>PPO/PPO</b>	<b>Pediatric Preferred</b>	<b>Pediatric Basic</b>
Diagnostic & Preventive	100%	100%
Basic Services	80%	50%
Major Services	50%	50%
Orthodontics (Medically Necessary)	50%	50%
Deductible		
Waived on D&P	yes	no
Per Person	\$60	\$65
Family	n/a	n/a
Annual Maximum	None	None
Orthodontics Maximum (Lifetime)	None	None
Waiting Periods (MN Ortho)	12 mos	12 mos
Waiting Periods (Major)	None	None
Out of Pocket Maximum (PPO dentists only)		
per child	\$350	\$350
per 2+ children	\$700	\$700
Dental Accident Benefits	NAB*	NAB*
<b>Rates:</b>		
Region 1	\$33.32	\$26.30

\* NAB is not a benefit

Note: Covered procedures are defined in the forms

**Attachment B**  
**District of Columbia Small Group Administrative Expenses (as a percent of premium)**

	<b>Pediatric Preferred</b>	<b>Pediatric Basic</b>
Admin Expenses	22.50%	22.50%
Risk Margin	3.50%	1.00%
Premium Tax	2.00%	2.00%
ACA Tax	3.00%	3.00%
TPA Admin	0.00%	0.00%
Commissions	7.50%	7.50%
Total	38.50%	36.00%
Anticipated Loss Ratio **	64.74%	67.37%
Target Loss Ratio ***	61.50%	64.00%

\*\* Anticipated Loss Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)

\*\*\* Target Loss Ratio = (1 - Total)



**Attachment C**  
**DDIC Small Group Experience**

	<u><b>CY2011</b></u>	<u><b>CY2012</b></u>	<u><b>CY2013</b></u>
Number of Policy Holders	3,496	3,233	3,114
Number of Certificate Holders	40,197	38,607	38,955
Earned Premium	\$25,848,980	\$24,734,953	\$25,567,789
Average Annual Premium	\$643	\$641	\$656
Incurred Claims	\$17,011,429	\$15,864,140	\$16,475,297
Number of Incurred Claims	137,931	125,498	125,237
Incurred Loss Ratio	65.8%	64.1%	64.4%

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10G Group Health - Dental/H10G.000 Health Dental		
<b>Product Name:</b>	DIC, 015HCR Grp PPO DC, Rates		
<b>Project Name/Number:</b>	DIC, 015HCR Grp PPO DC, Rates/DIC, 015HCR Grp PPO DC, Rates		

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Cover Letter All Filings
<b>Comments:</b>	Please see the attached Cover Letter.
<b>Attachment(s):</b>	Dentegra HCR Outside Group Cover Letter (Rates).pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Certificate of Authority to File
<b>Bypass Reason:</b>	Submitter is an employee of the company.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	Please see the attached Actuarial Memorandum.
<b>Attachment(s):</b>	Actuarial Memorandum Dentegra DC Out Pediatric PPO Small Group 2014 05 30.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Justification
<b>Comments:</b>	Please see the attached Actuarial Memorandum.
<b>Attachment(s):</b>	Actuarial Memorandum Dentegra DC Out Pediatric PPO Small Group 2014 05 30.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
<b>Bypass Reason:</b>	This is not a P&C filing.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
<b>Bypass Reason:</b>	This is not a P&C filing.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Dentegra Insurance Company
<b>TOI/Sub-TOI:</b>	H10G Group Health - Dental/H10G.000 Health Dental		
<b>Product Name:</b>	DIC, 015HCR Grp PPO DC, Rates		
<b>Project Name/Number:</b>	DIC, 015HCR Grp PPO DC, Rates/DIC, 015HCR Grp PPO DC, Rates		

<b>Bypassed - Item:</b>	Actuarial Memorandum and Certifications
<b>Bypass Reason:</b>	This is not a binder filing.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Unified Rate Review Template
<b>Bypass Reason:</b>	This is not a rate increase or binder filing.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

Dear Sir or Madam:

Enclosed for your review and approval is a new Dentegra Insurance Company (NAIC Company Code 73474) group rate filing under SERFF #DDPA-129574186.

This is an initial rate filing. These rates will be used when our Dentegra PPO product is sold direct or by a partnership relationship to small employer groups outside the District of Columbia Health Benefit Exchange. We have filed forms for use outside the exchange under SERFF #DDPA-129574187. These products will use the Dentegra PPO network and will be marketed by licensed agents, brokers, third party administrators, mass marketed via various publications or online.

These rates pertain to the pediatric (EHB) plans Small Group/SHOP Pediatric Basic/Low Plan that will provide the required coverage for the pediatric oral services required by the essential health benefits provisions of the Affordable Care Act (ACA).

Our effective date for use of these rates will be January 1, 2015, provided the filing has been approved by or deemed approved by your Department.

Thank you for your attention to this filing. If you should need any additional information or have any questions, please do not hesitate to contact me at (916) 861-1974 or [akoelling@dentegra.com](mailto:akoelling@dentegra.com).

Sincerely,

A handwritten signature in blue ink, appearing to read 'Alisa Koelling', with a long, sweeping horizontal line extending to the right.

Alisa Koelling  
Regulatory Analyst  
Dentegra Insurance Company



ACTUARIAL MEMORANDUM  
Dentegra Insurance Company  
State of District of Columbia  
May 30, 2014

Form Number OGC-DC-DIC-15 and OPGE-DC-DIC-15

**1. Scope and Purpose of Filing**

This filing is for the above Dentegra Insurance Company (DIC) forms.

**2. Description of Benefits**

The pediatric dental EHB are defined in Attachment A and cover essential health benefit services as defined by the state. These comply with the actuarial value requirements for the preferred and basic EHB plans.

**3. Renewability**

All small group dental programs are optionally renewable. Premiums are guaranteed for each 12-month contract term.

**4. Applicability**

DIC anticipates both new issues and renewals under these forms.

**5. Morbidity**

The proposed rates were developed using the Delta Dental Insurance Company (DDIC), NAIC #81396, rating manual, which is currently in use in numerous states. Adjustments have been made to reflect the fee schedules and area definitions associated with this filing.

**6. Mortality**

Not applicable.

**7. Persistency**

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

**8. Expenses**

Expenses are shown in Attachment B. Co-marketing in conjunction with a medical plan, may require a change in administrative assumptions due to division of labor between medical and dental, cost sharing, etc.

**9. Marketing Method**

This will be sold to small groups through the District of Columbia health exchange or through agents and brokers inside or outside the exchange.

**10. Underwriting**

The plans are manually rated.

**11. Premium Classes**

Gross premiums vary by plan designs illustrated in Attachment A.

**12. Issue Age Range**

Not applicable.

**13. Area Factors**

Manual rates are adjusted by region.

**14. Premium Modalization Rules**

Not applicable.

**15. Claim Liability and Reserves**

This reserve is projected from historical claims runoff, using a common reserving methodology.

**16. Active Life Reserves**

Not applicable since this is a dental program.

**17. Trend Assumptions**

The annual cost trend rate is 3%.

**18. Anticipated Loss Ratio**

The anticipated loss ratio is shown in Attachment B.

**19. Distribution of Business**

Not applicable since this is a new plan as of 1/1/2015.

**20. Contingency and Risk Margins**

Risk margin is shown in Attachment B.

**21. Experience**

Please see Attachment C for DDIC small group experience.

**22. Lifetime Loss Ratio**

The lifetime loss ratio is equal to the anticipated loss ratio.

**23. Number of Policyholders**

Not applicable since this is a new plan as of 1/1/2015.

**24. Proposed Effective Date**

01/01/2015.

**25. Actuarial Certification**

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of District of Columbia and complies with Actuarial Standard of Practice No. 8. The rates shown are

- Based on actuarially sound principles
- Are not inadequate, excessive or unfairly discriminatory, and
- Are reasonable in relation to the benefits provided.

A handwritten signature in dark ink, appearing to read "Thomas J. Leibowitz", with a stylized flourish at the end.

Thomas J. Leibowitz, FSA, MAAA  
Vice President and Chief Actuary  
Dentegra Insurance Company  
100 First Street  
San Francisco, CA 94105  
(415) 972-8443

**Attachment A**  
**District of Columbia Small Group Pediatric Dental Benefits**

<b>PPO/PPO</b>	<b>Pediatric Preferred</b>	<b>Pediatric Basic</b>
Diagnostic & Preventive	100%	100%
Basic Services	80%	50%
Major Services	50%	50%
Orthodontics (Medically Necessary)	50%	50%
Deductible		
Waived on D&P	yes	no
Per Person	\$60	\$65
Family	n/a	n/a
Annual Maximum	None	None
Orthodontics Maximum (Lifetime)	None	None
Waiting Periods (MN Ortho)	12 mos	12 mos
Waiting Periods (Major)	None	None
Out of Pocket Maximum (PPO dentists only)		
per child	\$350	\$350
per 2+ children	\$700	\$700
Dental Accident Benefits	NAB*	NAB*
<b>Rates:</b>		
Region 1	\$33.32	\$26.30

\* NAB is not a benefit

Note: Covered procedures are defined in the forms

**Attachment B**  
**District of Columbia Small Group Administrative Expenses (as a percent of premium)**

	<b>Pediatric Preferred</b>	<b>Pediatric Basic</b>
Admin Expenses	22.50%	22.50%
Risk Margin	3.50%	1.00%
Premium Tax	2.00%	2.00%
ACA Tax	3.00%	3.00%
TPA Admin	0.00%	0.00%
Commissions	7.50%	7.50%
Total	38.50%	36.00%
Anticipated Loss Ratio **	64.74%	67.37%
Target Loss Ratio ***	61.50%	64.00%

\*\* Anticipated Loss Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)

\*\*\* Target Loss Ratio = (1 - Total)



**Attachment C**  
**DDIC Small Group Experience**

	<u><b>CY2011</b></u>	<u><b>CY2012</b></u>	<u><b>CY2013</b></u>
Number of Policy Holders	3,496	3,233	3,114
Number of Certificate Holders	40,197	38,607	38,955
Earned Premium	\$25,848,980	\$24,734,953	\$25,567,789
Average Annual Premium	\$643	\$641	\$656
Incurred Claims	\$17,011,429	\$15,864,140	\$16,475,297
Number of Incurred Claims	137,931	125,498	125,237
Incurred Loss Ratio	65.8%	64.1%	64.4%



ACTUARIAL MEMORANDUM  
Dentegra Insurance Company  
State of District of Columbia  
May 30, 2014

Form Number OGC-DC-DIC-15 and OPGE-DC-DIC-15

**1. Scope and Purpose of Filing**

This filing is for the above Dentegra Insurance Company (DIC) forms.

**2. Description of Benefits**

The pediatric dental EHB are defined in Attachment A and cover essential health benefit services as defined by the state. These comply with the actuarial value requirements for the preferred and basic EHB plans.

**3. Renewability**

All small group dental programs are optionally renewable. Premiums are guaranteed for each 12-month contract term.

**4. Applicability**

DIC anticipates both new issues and renewals under these forms.

**5. Morbidity**

The proposed rates were developed using the Delta Dental Insurance Company (DDIC), NAIC #81396, rating manual, which is currently in use in numerous states. Adjustments have been made to reflect the fee schedules and area definitions associated with this filing.

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Not applicable.

**7. Persistency**

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

**8. Expenses**

Expenses are shown in Attachment B. Co-marketing in conjunction with a medical plan, may require a change in administrative assumptions due to division of labor between medical and dental, cost sharing, etc.

**9. Marketing Method**

This will be sold to small groups through the District of Columbia health exchange or through agents and brokers inside or outside the exchange.

**10. Underwriting**

The plans are manually rated.

**11. Premium Classes**

Gross premiums vary by plan designs illustrated in Attachment A.

**12. Issue Age Range**

Not applicable.

**13. Area Factors**

Manual rates are adjusted by region.

**14. Premium Modalization Rules**

Not applicable.

**15. Claim Liability and Reserves**

This reserve is projected from historical claims runoff, using a common reserving methodology.

**16. Active Life Reserves**

Not applicable since this is a dental program.

**17. Trend Assumptions**

The annual cost trend rate is 3%.

**18. Anticipated Loss Ratio**

The anticipated loss ratio is shown in Attachment B.

**19. Distribution of Business**

Not applicable since this is a new plan as of 1/1/2015.

**20. Contingency and Risk Margins**

Risk margin is shown in Attachment B.

**21. Experience**

Please see Attachment C for DDIC small group experience.

**22. Lifetime Loss Ratio**

The lifetime loss ratio is equal to the anticipated loss ratio.

**23. Number of Policyholders**

Not applicable since this is a new plan as of 1/1/2015.

**24. Proposed Effective Date**

01/01/2015.

**25. Actuarial Certification**

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of District of Columbia and complies with Actuarial Standard of Practice No. 8. The rates shown are

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Thomas J. Leibowitz, FSA, MAAA  
Vice President and Chief Actuary  
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100 First Street  
San Francisco, CA 94105  
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**Attachment A**  
**District of Columbia Small Group Pediatric Dental Benefits**

<b>PPO/PPO</b>	<b>Pediatric Preferred</b>	<b>Pediatric Basic</b>
Diagnostic & Preventive	100%	100%
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<b>Rates:</b>		
Region 1	\$33.32	\$26.30

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**District of Columbia Small Group Administrative Expenses (as a percent of premium)**

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\*\* Anticipated Loss Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)

\*\*\* Target Loss Ratio = (1 - Total)

**Attachment C**  
**DDIC Small Group Experience**

	<u><b>CY2011</b></u>	<u><b>CY2012</b></u>	<u><b>CY2013</b></u>
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